

# EXHIBIT C

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# MedRisk Provider Administrative Reference Manual

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## Welcome to MedRisk

We are excited to have you participate in our network. As a valuable member of MedRisk's Expert Provider Organization (EPO), your company becomes part of a performance-driven professional team focused on the management of musculoskeletal care of injured workers.

MedRisk's payer clients include the top 25 large carriers, self-insured employers, third-party administrators, state funds, and case management companies. Payers trust MedRisk for its expertise and the assurance of quality care and improved administrative efficiency.

This Administrative Reference Manual is designed to present an overview of MedRisk's programs and procedures, and offer guidance relative to documentation protocols. We hope you will find the information useful and invite you to contact the Provider Relations group at any time with questions or concerns at **866-697-3707**.

Thank you for joining our network!

## Important Contact Information

### IMPORTANT INFORMATION

MedRisk maintains separate call, claim and service channels for its providers. To ensure you receive the appropriate support and attention to your needs, use the contact information below. If you are unsure who to contact and for questions anytime, contact the Provider Relations department at **866-697-3707**.

IMPORTANT CONTACTS AT MEDRISK	
What You Need:	Points of Contact:
Submit a new referral	Phone: 800-225-9675 option 1 or Fax: 877-389 7197
Submit Reports, Updates & Notes (Attendance updates, Progress Notes & Discharge Reports)	Fax: 855-806-9754
Request Continued Authorization	Phone: 877-446-8581, Fax: 855-806-9754, Email: <a href="mailto:providercarerequest@medrisknet.com">providercarerequest@medrisknet.com</a> To check status: 877-446-8581
Submit Bills for Payment	Mail: MedRisk Inc. PO Box 14229, Lexington, KY 40512 Fax: 877-724-7181
Submit bills for Reconsideration	MedRisk Reconsideration P.O. Box 61571 King of Prussia, PA 19406
Confirm Reimbursement/Claim Status	Phone: 866-697-3706 or Email: <a href="mailto:claims inquiry@medrisknet.com">claims inquiry@medrisknet.com</a>
Echo (To change your payment method)	Email: <a href="mailto:edi@echohealthinc.com">edi@echohealthinc.com</a> Website: <a href="http://www.providerpayments.com">www.providerpayments.com</a>
Contact Provider Relations	Phone: 866-697-3707 or Email: <a href="mailto:providerrelations@medrisknet.com">providerrelations@medrisknet.com</a>

## Company Overview

Founded in 1994, MedRisk began as a regional Preferred Provider Organization (PPO) of physical therapy providers. As demand for this service grew, MedRisk's expertise in the management and treatment of individuals with work-related musculoskeletal injuries began to emerge.

Based on research indicating musculoskeletal injuries represent 80 percent of all workers' compensation claims payments, MedRisk introduced the concept of "Expert Musculoskeletal Systems" to the marketplace. The company distinguished itself by developing a network of providers who specialized in the treatment of musculoskeletal injuries. In addition, the company carefully constructed a superb operational model to help support its superior level of expertise.

Today, MedRisk continues to gain prominence through programs and services linking payers and providers in a manner which creates high value. MedRisk uses a three-point strategy combining cost containment initiatives, clinical intelligence, and technological innovation to offer maximum savings and improved medical outcomes.

Participating EPO providers benefit from access to MedRisk's leading edge technologies and expert support staff. MedRisk's goal is to offer a program which not only simplifies processes, but also helps reduce the number of days between services and associated reimbursements.

MedRisk believes in taking a proactive approach to care and focuses on quality as well as ongoing, effective communication with payers and providers. MedRisk enables claims adjusters and case managers to access its EPO providers quickly and effectively; one example of how this is accomplished is through a convenient, toll-free patient referral line. It is important to note all patients referred to MedRisk are channeled to network participants who work within MedRisk's rigorous guidelines participating EPO providers agree to treat patients aggressively and appropriately with prompt and sustainable return-to-work goals.

### Profile of MedRisk's Clients

- MedRisk works with 90% of the top workers' compensation payers, holding direct contracts with over 100 insurers, third party administrators, self-insured employers and state funds.
- MedRisk has exclusive agreements with over 50% of its clients.
- MedRisk clients share a commitment to high quality patient care while managing administrative cost efficiencies.

### Features of MedRisk's **Expert Provider Organization EPO**

- A network of physical medicine providers specializing in but not limited to Physical & Occupational Therapy, Chiropractic Care, Functional Capacity Evaluations and Acupuncture.
- Staff expertise in musculoskeletal injury management and treatment.
- Electronic data exchange capabilities.
- Measurable outcomes.
- Utilization management capability.
- Provider performance outcome reporting.

### **EPO Provider Benefits**

- Providers gain access to many of the top 25 Property and Casualty carriers nationwide.
- Providers benefit from MedRisk's relationships with local, regional and national payer groups.
- Providers increase their patient base while maintaining their independent base of workers' compensation referrals.
- Provider's patients benefit from education in advance of treatment
- Providers benefit from secure access to electronic billing
- Providers have access to a dedicated representative who manages the provider relationship with MedRisk, field inquiries, deliver ongoing education on MedRisk processes and works to resolve any provider issues or concerns
- Program focused on documented clinical outcomes based on actual treatment patterns from national, as well as local providers.



## Office Management Support

IMPORTANT  
INFO FOR OFFICE  
MANAGERS

### Identification of MedRisk's Patients and the EPO referral process

In order to support EPO providers on all levels, MedRisk makes every effort to clearly communicate MedRisk's established protocols and processes. Adherence to these protocols and processes leads to better management of claims and more timely reimbursement.

MedRisk places participating EPO providers on various client employer panels and PPO lists. As a result, EPO providers may receive referrals directly from these sources. They include physicians, adjusters, nurse case managers as well as members of MedRisk's patient advocate team.

If MedRisk has not coordinated the referral to your facility, initial identification of MedRisk's patients is key. MedRisk works in partnership with workers' compensation insurance carriers, third party administrators, and self-insured employers. Patients are generally unaware of this relationship; therefore many patients do not know MedRisk is managing their case. It is the responsibility of every EPO provider to make this determination.

To assist you with identifying cases MedRisk is responsible for managing, a client listing has been included in your welcome packet. Additionally, client listings are distributed to providers monthly. Please pay special attention to these notices as they often call out new clients who are now working with MedRisk. If you need an updated client listing, please contact provider relations at **866-697-3707**.

## Referral/Intake/Scheduling

**IMPORTANT  
INFO FOR OFFICE  
SCHEDULERS**

### MedRisk Coordinated Referral

A single telephone call ensures payers their patients will be channeled to a convenient provider site. MedRisk contacts EPO providers to schedule the initial patient evaluation. Payer clients depend on MedRisk to limit the amount of time and effort required to complete the referral process. Therefore, MedRisk's goal is to channel all referrals in a timely manner.

Participating EPO providers are expected to schedule MedRisk's patients within 24 to 48 hours from the time the referral is received. If an EPO provider is unable to schedule a MedRisk patient within 24-48 hours, MedRisk will contact another EPO provider who is able to schedule the patient in the specified time period.



**MedRisk**

**Patient Information and Treatment Authorization**

DATE: TO: PHONE: Case ID:  
FAX: FUTURE: Case ID:  
PATIENT: Case ID:

Claimant Name	Claim #
Address	Referring Physician
	Physician Phone
	Ref. Party
Phone (Primary)	Date of Injury
Phone (Alternate)	Date of Surgery
Phone (Mobile)	Type of Service
Date of Birth	Date Time of IE
Jurisdiction State	Number of Visits Authorized

The claims payer has authorized (PATIENT NAME) to have an initial evaluation at your facility on (MONTH/DAY). The clinician should provide a total of (INITIAL AUTHORIZED VISITS) treatments, including the IE, if determined clinically appropriate following evaluation.

If (PATIENT NAME) does not attend or reschedules any appointment, please contact MedRisk as soon as possible by phone, fax or email.

Phone: 800-225-9675  
Fax: 855-800-9734

Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care. Payment for services will be in accordance with your MedRisk Provider Agreement. Please send all bills to:

**MedRisk EPO**  
PO Box 14229  
Lexington, KY 40512

\*PLEASE NOTE: For PA jurisdictional claims, Payer authorization is not required. MedRisk has confirmed with the Payer that this is an open and active claim.

\*Funding Provider must immediately report any issues of patient non-compliance.  
\*Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and date of service.  
\*MedRisk reserves the right to discontinue, suspend or terminate the authorization of services at any time without notice. If you are not the employee responsible for delivering the benefits for the intended recipient, you are hereby notified that any dissemination, distribution or copying of this benefit is strictly prohibited. If you have received this benefit to serve, please notify the underwriter.

**MedRisk Proprietary**

This benefit is provided only to the use of the named addressee and may contain information that is confidential or proprietary. If you are not the intended recipient, you are not the employee responsible for delivering the benefits for the intended recipient, you are hereby notified that any dissemination, distribution or copying of this benefit is strictly prohibited. If you have received this benefit to serve, please notify the underwriter.

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Once the therapy appointment is scheduled with your facility, MedRisk will issue a patient information and treatment authorization packet which includes the patient information and treatment authorization memo.

Twenty-four hours following the initial evaluation, copies of two pieces of information must be faxed to MedRisk promptly.

- Initial Evaluation report – MedRisk does not require EPO providers to utilize special forms for initial evaluation. Providers may use their own forms if it includes the required information (See the Documentation Overview section of this manual). Provider can request MedRisk's initial evaluation form by contacting provider relations at **866-697-3707**.
- Prescription/Referral – A copy of the patient's current prescription; issued by a physician within the last 30 days.

Note: In an effort to get our providers additional business, you may get referrals from our scheduling team for a payer we do not manage. At the time of referral, you will be notified to work with the payer directly for any authorization and payment.

## Referrals from Other Sources

Upon patient registration, your staff will collect demographic information on each patient. The demographic information should include information about the patient's employer, insurer and claims adjuster. If the patient does not know who provides his/her insurance coverage, your staff should contact the patient's employer to secure this information. Once this information is available, your staff should immediately refer to MedRisk's client list to see if the patient's insurance carrier, employer, or third party administrator appears on the list. If the insurance carrier, employer, or third party administrator is listed, the patient is managed by MedRisk.

When a referral of a MedRisk patient is received from a source other than MedRisk, EPO providers are required to call or fax the patient information promptly to MedRisk's Customer Service Team.

Upon notification, MedRisk will obtain the necessary verification information from the payer to ensure the patient is covered and eligible to receive care. MedRisk completes the verification process within 72 hours following receipt of all required information. MedRisk reviews the results of the initial evaluation, assesses the EPO provider's treatment plan, reviews the physician prescription and verifies a workers' compensation claim has been acknowledged. Once all of this information is confirmed, MedRisk will issue a patient information and treatment authorization packet to provider, which includes the patient information and treatment authorization memo.

**Note: EPO providers are encouraged to obtain secondary insurer information for all patients in the event a patient's injury is determined not to be a compensable work related injury. MedRisk is not the guarantor of payment for claims.**

Twenty four hours following the initial evaluation, copies of two pieces of information must be faxed to MedRisk promptly using the Initial evaluation form from the patient information and treatment authorization packet:

- **Initial Evaluation report** – MedRisk does not require EPO providers to utilize special forms for initial evaluation. Providers may use their own forms if it includes the required information (See the Documentation Overview section of this manual). Provider can request MedRisk's initial evaluation form by contacting provider relations at **866-697-3707**.
- **Prescription/Referral** – A copy of the patient's current prescription; issued by a physician within the last 30 days.

Regardless of how the referral is received, EPO providers are required to handle all MedRisk patients according to the terms of the Provider Agreement.

## MedRisk Scheduling Protocols

A brief review of our scheduling protocols by your team may help optimize referral opportunity.

- **Proactive Scheduling on the Patient's Behalf**

If the patient is not immediately available at the time of scheduling, **MedRisk will call you to secure an appointment on their behalf.** MedRisk leaves the appointment details and facility location on the patient's voicemail and follows up with several appointment reminders via phone and text. Please note: less than 2% of MedRisk patients "No Show". Five years' worth of data shows that communicating via voicemail vs. having the patient on the line does not impact the prevalence of "No Shows."

- **Rx and Authorization**

MedRisk will provide you with patient demographics, the prescription and authorization from the payer as soon as the therapy appointment is scheduled with your facility. The MedRisk scheduling system will **automatically fax this information within minutes.** The system cannot generate these communications without securing an appointment date and time from you. Meanwhile, MedRisk works with the referring physician and the patient to ensure you receive the prescription prior to the Initial Evaluation.

All inquiries regarding the referral can be directed to MedRisk. MedRisk does not provide carrier or adjuster information.

**Note: The first follow-up visit should be scheduled within 72 hours of the initial evaluation. All subsequent visits are to be made in a timely and consistent manner to promote prompt recovery.**

## **Patient Information and Treatment Authorization Packet**

The Patient Information and Treatment Authorization Packet (PITA packet) will be sent to your facility automatically once all new patient information has been confirmed and patient is scheduled. This packet contains forms to be used as coversheets when submitting necessary documents to MedRisk for timely delivery of reports following initial, interim and final evaluations, as well as ensures timely request and response for patient's continued treatment when necessary.

MedRisk recommends these forms are included into your patient's file, to serve as a reminder to the treating therapist of the reports that should be submitted to MedRisk.


The PITA Packet will include the following forms:

- Patient Information and Treatment Authorization (PITA) Memo
- Initial Evaluation Form
- Continued Authorization Form
- Progress Note Form
- Discharge Summary Form


Upon the receipt of the PITA packet, you will be provided with the contact information of the MedRisk Customer Advocate who has been assigned to your patient's case.

Unless there is an established consolidated reporting process in place for all your locations, MedRisk's Customer Advocates will contact each facility to confirm patient's with their related treatment program.

## PITA Packet Forms



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### INITIAL EVALUATION FORM

Please use this form as the COVER SHEET to fax back the INITIAL EVALUATION REPORT and INITIAL RX. This will ensure that your report is attached to the appropriate record.

Patient: Johnny Appleseed      Date: 5/17/2016  
 Date of Birth: 09/19/1912      To: Joe Schmo PT  
 Type of Service: PT      Fax: 888-543-7129  
 Body Part: Lumbar      Phone: 267-555-5555  
 Initial Evaluation Date: 4/12/2016      Case ID: 02154845  
 Date of Injury: 4/1/2016      Claim Number: 021545154555555


Please follow these steps to ensure proper processing:

1. MedRisk is requesting a copy of the patients INITIAL EVALUATION and RX to process this referral.
2. PLEASE USE THIS FORM AS THE COVER SHEET AND FAX TO (855) 806-9754 ONCE COMPLETED TO AVOID DELAYS IN PROCESSING AND TO AVOID ADDITIONAL REQUESTS FOR THIS DOCUMENTATION.
3. DO NOT USE THIS FORM TO SEND ANYTHING BUT THE INITIAL EVALUATION AND INITIAL RX AS THIS WILL RESULT IN INCORRECT TAGGING OF THE DOCUMENT AND DELAYS IN PROCESSING.


Failure to respond will cause delays in processing

**CONFIDENTIAL INFORMATION**  
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### PROGRESS NOTE FORM

Please use this form as the COVER SHEET to fax back the PROGRESS OR DAILY NOTES. This will ensure that your report is attached to the appropriate record.

Patient: Johnny Appleseed      Date: 5/17/2016  
 Date of Birth: 09/19/1912      To: Joe Schmo PT  
 Type of Service: PT      Fax: 888-543-7129  
 Body Part: Lumbar      Phone: 267-555-5555  
 Initial Evaluation Date: 4/12/2016      Case ID: 02154845  
 Date of Injury: 4/1/2016      Claim Number: 021545154555555

Please follow these steps to ensure proper processing:

1. MedRisk is requesting a copy of the patients PROGRESS NOTES to process this referral.
2. PLEASE USE THIS FORM AS THE COVER SHEET AND FAX TO (855) 806-9754 ONCE COMPLETED TO AVOID DELAYS IN PROCESSING AND TO AVOID ADDITIONAL REQUESTS FOR THIS DOCUMENTATION.
3. DO NOT USE THIS FORM TO SEND ANYTHING BUT THE PROGRESS NOTES AS THIS WILL RESULT IN DELAYS IN PROCESSING.
4. If you need ADDITIONAL VISITS-please use the CONTINUED AUTH FORM.

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### CONTINUED AUTHORIZATION FORM

In the event that [Patient Name] should need additional treatment beyond what has been authorized, please complete and use this form as the COVER SHEET to fax the CONTINUED AUTHORIZATION REQUEST to MedRisk at 855-806-9754. PLEASE MAKE SURE THE REQUEST IS SIGNED BY THE TREATING PHYSICIAN. If you have any questions please call the Continued Authorization Department at 877-446-8581.

Patient: Johnny Appleseed      Date: 5/17/2016  
 Date of Birth: 09/19/1912      To: Joe Schmo PT  
 Type of Service: PT      Fax: 888-543-7129  
 Body Part: Lumbar      Phone: 267-555-5555  
 Initial Evaluation Date: 4/12/2016      Case ID: 02154845  
 Date of Injury: 4/1/2016      Claim Number: 021545154555555

MedRisk of origin and propagation of claim	MedRisk of origin and propagation of claim
Number of covered visits	Last date of service
Your estimated discharge date	Discharge Reason

Is the patient progressing as expected? Yes / No      Is the patient currently working? Yes / No / Don't Know  
 If the patient is not working, how likely is it that they will return to their job? Date able to return: \_\_\_\_\_

Very Unlikely ☐      Unlikely ☐      Don't Know ☐      Likely ☐      Very Likely ☐


What are the essential job functions this patient can perform currently?

Prolonged sitting	Manipulation of small objects & typing
Prolonged standing	Use of hand tools/grasp functions
Working with arms overhead	Walking long distances
Lifting <25lbs.	Lifting >25lbs.


Is the patient taking prescription pain medication due to their injury?      Yes / No / Don't Know  
 If yes, is the medication an opioid?      Yes / No / Don't Know  
 Is the patient compliant with a home exercise program?      Yes / No / Don't Know / N/A  
 Does the patient appear to be putting forth a good faith effort?      Yes / No  
 Are there any barriers impacting patient progress?      Yes / No / If yes, please indicate below: \_\_\_\_\_

<b>Medical</b>	<b>Psychosocial Issues</b>	<b>Workplace/Home Issues</b>
Diabetes <input type="checkbox"/>	Pain Catastrophizing <input type="checkbox"/>	Lack of support at home <input type="checkbox"/>
Obesity <input type="checkbox"/>	Fear of Movement <input type="checkbox"/>	Dislikes job <input type="checkbox"/>
Heart Disease <input type="checkbox"/>	Perceived Injustice <input type="checkbox"/>	Other (please explain) _____
Pulmonary Disease <input type="checkbox"/>	Beliefs of Disability <input type="checkbox"/>	
Behavioral Health <input type="checkbox"/>		

Therapist Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_



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### DISCHARGE SUMMARY FORM

Please use this form as the COVER SHEET to fax back the DISCHARGE SUMMARY. This will ensure that your report is attached to the appropriate record.

Patient: Johnny Appleseed      Date: 5/17/2016  
 Date of Birth: 09/19/1912      To: Joe Schmo PT  
 Type of Service: PT      Fax: 888-543-7129  
 Body Part: Lumbar      Phone: 267-555-5555  
 Initial Evaluation Date: 4/12/2016      Case ID: 02154845  
 Date of Injury: 4/1/2016      Claim Number: 021545154555555

Please follow these steps to ensure proper processing:

1. MedRisk is requesting a copy of the patients DISCHARGE SUMMARY.
2. PLEASE USE THIS FORM AS THE COVER SHEET AND FAX TO (855) 806-9754 ONCE THE DISCHARGE SUMMARY IS COMPLETED TO AVOID ADDITIONAL REQUESTS FOR THIS DOCUMENTATION.
3. DO NOT USE THIS FORM TO SEND ANYTHING BUT THE DISCHARGE SUMMARY AS THIS WILL RESULT IN DELAYS IN PROCESSING.
4. If you need ADDITIONAL VISITS-please use the CONTINUED AUTH FORM.

**CONFIDENTIAL INFORMATION**  
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### **Management of Care**

Acting as liaison between network providers and payers, MedRisk's Customer Advocates track patient progress from the Initial Evaluation to closure by obtaining relevant case information from Providers, maintaining the integrity of the case file and related documents, and communicating professionally and effectively with the referring customer.

Tasked with maintaining the integrity of the case file and related documents, MedRisk Advocates closely monitor a patient's care and look for key pieces of information to be received from providers. If we do not already have the information, the MedRisk Advocate will be following up with your facilities to obtain the following info:

- Patient attendance & compliance- attended, cancellations/no shows, and future appointments
- Copy of the IE report
- Copies of daily treatment notes or Progress Notes
- Discharge Summary

To provide ease of use to MedRisk Network Providers, the Advocacy program utilizes one centralized fax number **(855-806-9754)** to manage all incoming case documentation and continued authorization requests. Additionally, please use the PITA packet forms as coversheets when sending info back to MedRisk so that it can be assigned automatically to patient case upon MedRisk's receipt.


Providers can also update MedRisk with their communication preference for these outreaches. For more information on this, please contact MedRisk's provider relations team at **866-697-3707**

**Reminder: Please make sure to submit treatment or progress notes with all bills for bill processing.**

Please familiarize your staff with the types of request MedRisk Advocates will send to your facility if they need information:



Send To: [Redacted]



### Continued Authorization Update

DATE:   
 TO:   
 FROM:   
 PATIENT:

FAX:   
 PHONE:   
 Case ID:

---

Claimant Name:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Claim #:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Type of Service:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Total Number of Visits Authorized (Including IE):	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care. Payment for services will be in accordance with your MedRisk Provider Agreement.

Please send all bills to:

**MedRisk EPO**  
**PO Box 14229**  
**Lexington, KY 40512**

\* Providing Provider must immediately report any issues of patient non-compliance.  
 \* Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability.  
 \* Medical Necessity determinations concerning proposed medical care are determined by the claims payer or the utilization review organization. For the purposes of this authorization, MedRisk is not operating as a licensed or registered utilization review agent.


**MedRisk Proprietary**

This form is intended only for the use of the named addressee and may contain information that is confidential or privileged. If you are not the intended recipient, or you are not the employee responsible for delivering the form to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this form is strictly prohibited. If you have received this form in error, please notify the sender immediately.

Thank you for your cooperation.

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Send To: [Redacted]



### Denial of Request for Additional Visits

DATE:   
 TO:   
 FROM:   
 PATIENT:

FAX:   
 PHONE:   
 Case ID:

---

Claimant Name:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Claim #:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Body Part(s):	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Type of Service:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Additional # of Visits Authorized:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Total Number of Visits Authorized (Including IE):	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

Notes:

Thank you for your clinical assessment and supporting documentation regarding (Patient Name)'s treatment plan. MedRisk has been advised by the payer that they are not authorizing additional visits to treat (Patient Name).

Please discontinue care after the authorized visits have been completed and fax your discharge summary to MedRisk at 855-806-9754. Please use this page as your cover sheet.

Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care. Payment for services will be in accordance with your MedRisk Provider Agreement.

Please send all bills to:

**MedRisk EPO**  
**PO Box 14229**  
**Lexington, KY 40512**

\* Providing Provider must immediately report any issues of patient non-compliance.  
 \* Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability.  
 \* Medical Necessity determinations concerning proposed medical care are determined by the claims payer or the utilization review organization. For the purposes of this authorization, MedRisk is not operating as a licensed or registered utilization review agent.


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Thank you for your cooperation.

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Send To: [Redacted]



### Response to Body Part Change On the Initial Evaluation

DATE:   
 TO:   
 FROM:   
 PATIENT:

FAX:   
 PHONE:   
 Case ID:

---

Claimant Name:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Claim #:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Compensable Body Part(s):	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Type of Service:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
DATE AUTHORIZATION RECEIVED:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

Notes:

Thank you for your clinical assessment and supporting documentation regarding (Patient Name)'s treatment plan.

MedRisk has been advised that the payer is authorizing treatment for only the following body part(s):

Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care. Payment for services will be in accordance with your MedRisk Provider Agreement.

Please send all bills to:

**MedRisk EPO**  
**PO Box 14229**  
**Lexington, KY 40512**

\* Providing Provider must immediately report any issues of patient non-compliance.  
 \* Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability.  
 \* Medical Necessity determinations concerning proposed medical care are determined by the claims payer or the utilization review organization. For the purposes of this authorization, MedRisk is not operating as a licensed or registered utilization review agent.


**MedRisk Proprietary**

This form is intended only for the use of the named addressee and may contain information that is confidential or privileged. If you are not the intended recipient, or you are not the employee responsible for delivering the form to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this form is strictly prohibited. If you have received this form in error, please notify the sender immediately.

Thank you for your cooperation.

© MedRisk, Inc. P.O. Box 62570, King of Prussia, PA 19406 800-225-9675 Phone 855-806-9754 Fax [medrisknet.com](mailto:medrisknet.com)

Send To: [Redacted]



### Reduction to Treatment Authorization

DATE:   
 TO:   
 FROM:   
 PATIENT:

FAX:   
 PHONE:   
 Case ID:

---

Claimant Name:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Claim #:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Type of Service:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
Total Number of Visits Authorized (Including IE) as of today:	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

Notes:

MedRisk has been advised that the payer has reduced the total number of authorized visits for (Patient Name) from X to Y.

If (Patient Name) does not attend or reschedule any appointment, please contact MedRisk as soon as possible by phone, fax or email:

Phone: 800-225-9675  
 Fax: 855-806-9754  
 Email: [Customer.Advocate@MedRisk.com](mailto:Customer.Advocate@MedRisk.com)

Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care. Payment for services will be in accordance with your MedRisk Provider Agreement.

Please send all bills to:

**MedRisk EPO**  
**PO Box 14229**  
**Lexington, KY 40512**

\* Providing Provider must immediately report any issues of patient non-compliance.  
 \* Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability.  
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Thank you for your cooperation.

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Send To: [Redacted]

**MedRisk**

**Patient Update Request**

Provider: please fax to MedRisk at 855-806-9754

Provider Name: [Redacted] Claim #: [Redacted]  
 Patient's Name: [Redacted] Today's Date: [Redacted]  
 Date of Birth: [Redacted] Surgery Date: [Redacted]  
 Date of Injury: [Redacted] Evaluation Date: [Redacted]  
 Body Part: [Redacted] Service: Physical

PLEASE FAX THIS FORM BACK TO 855-806-9754

Dates attended since: [Redacted]  
 Dates: [Redacted]  
 Visit: [Redacted] of [Redacted]  
 Patient Status: [Redacted]  
 Discharged: ☐ Yes ☐ No  
 Reason for Discharge: [Redacted]

Failure to respond may cause delay in processing.  
 Thank you for your cooperation!

This form is intended only for the use of the named addressee and may contain information that is confidential or privileged. If you are not the intended recipient, or you are not the employee responsible for delivering the form to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this form is strictly prohibited. If you have received this form in error, please notify the sender immediately.

Please send all bills to MedRisk at: P.O. Box 14229, Lexington, KY 40512

Send To: [Redacted]

**MedRisk**

**Patient Progress Report**

Provider: please fax to MedRisk at 855-806-9754 within 48 hours

Provider Name: [Redacted] Claim #: [Redacted]  
 Patient's Name: [Redacted] Diagnosis: [Redacted]  
 Date of Birth: [Redacted] Surgery Date: [Redacted]  
 Date of Injury: [Redacted] Evaluation Date: [Redacted]  
 Body Part: [Redacted] Service: [Redacted]

Number of visits authorized from evaluation: [Redacted]  
 Number of visits attended from evaluation: [Redacted]  
 Number of canceled/no shows: [Redacted]  
 Last date of service: [Redacted]  
 Future visits scheduled: [Redacted]  
 Your estimated discharge date: [Redacted]

In relationship to the patient's current job function:  
 What are the essential job functions this patient can perform? [Redacted]  
 What are the essential job functions the patient cannot perform? [Redacted]  
 By what date do you think the patient will be able to perform all essential job functions? [Redacted]

Does the patient appear to be putting forth a good faith effort? ☐ Yes ☐ No  
 Are there any barriers impacting patient progress? ☐ Yes ☐ No If Yes, please indicate below:  
☐ Diabetes ☐ Pain Catastrophizing ☐ Behavioral Health  
☐ Obesity ☐ Fear of Movement ☐ Other (please explain) [Redacted]  
☐ Heart Disease ☐ Perceived Injustice  
☐ Pulmonary Disease ☐ Beliefs of Disability

Do you need more visits authorized? ☐ Yes ☐ No  
 For the same body part? ☐ Yes ☐ No Additional body part: [Redacted]  
 Frequency and Duration: [Redacted]

\*If therapist recommends additional visits and/or additional body parts please obtain RX from the patient's referring doctor and fax to MedRisk. MedRisk will obtain verification from the patient's adjuster or nurse case manager.

Therapist Name: [Redacted] Date: [Redacted]  
 Signature: [Redacted]

Please return to MedRisk within 48 hours. Progress Report Fax: 855-806-9754. Thank you!  
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Send To: [Redacted]

**MedRisk**

**Additional Treatment Authorization**

DATE: [Redacted] FAX: [Redacted]  
 TO: [Redacted] PHONE: [Redacted]  
 FROM: [Redacted] Case ID: [Redacted]  
 PATIENT: [Redacted]

Claimant Name: [Redacted]  
 Claim #: [Redacted]  
 Body Part(s): [Redacted]  
 Type of Service: [Redacted]  
 Additional # of Visits Authorized: [Redacted]  
 Total Number of Visits Authorized (Including IE): [Redacted]  
 DATE AUTHORIZATION RECEIVED: [Redacted]  
 Notes: [Redacted]

Based on your clinical assessment and supporting documentation, Juyi Fong is approved to receive additional visits for treatment.

Please call MedRisk at 800-225-9675 with the dates and times scheduled for these additional visits.  
 Phone: 800-225-9675  
 Fax: 855-806-9754

Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care. Payment for services will be in accordance with your MedRisk Provider Agreement.

Please send all bills to:  
 MedRisk EPO  
 PO Box 14229  
 Lexington, KY 40512

\* Treating Provider must immediately report any issues of patient non-compliance.  
 \* Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability.  
 \* Medical Necessity determinations concerning proposed medical care are determined by the claims payer or the utilization review organization. For the purposes of this notification, MedRisk is not operating as a licensed or registered utilization review agent.

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Send To: [Redacted]

**MedRisk**

**Discontinuation of Treatment**

DATE: [Redacted] FAX: [Redacted]  
 TO: [Redacted] PHONE: [Redacted]  
 FROM: [Redacted] Case ID: [Redacted]  
 PATIENT: [Redacted]

Claimant Name: [Redacted]  
 Claim #: [Redacted]  
 Type of Service: [Redacted]  
 Total Number of Authorized Visits Remaining: 0  
 Notes: [Redacted]

MedRisk has been advised by the payer to discontinue treatment immediately for (Patient Name).

Please fax your discharge summary to MedRisk at 855-806-9754. Please use this page as your coversheet.  
 Remember, as a network provider, you are required to send MedRisk all bills and documentation associated with this patient's care through 2016-02-24. Payment for services will be in accordance with your MedRisk Provider Agreement.

Please send all bills to:  
 MedRisk EPO  
 PO Box 14229  
 Lexington, KY 40512

\* Treating Provider must immediately report any issues of patient non-compliance.  
 \* Authorization does not guarantee payment. The claims payer has final determination of medical necessity of proposed services or treatment and claim liability.  
 \* Medical Necessity determinations concerning proposed medical care are determined by the claims payer or the utilization review organization. For the purposes of this notification, MedRisk is not operating as a licensed or registered utilization review agent.

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**Medical Documentation**

MedRisk understands how valuable a clinician's time is. Therefore, MedRisk does not require EPO providers to utilize special forms for initial evaluation or re-evaluation of MedRisk patients, except in special circumstances. It is important, however, the documentation used reflects the core components within the patient care process in order to justify the need for skilled physical/occupational therapy intervention. All EPO providers must submit:

- An Initial Evaluation Report within 24 hours
- A physician's prescription/referral for the initial start of care
- A Discharge Summary upon completion of an episode of care
- Daily/weekly and re-evaluations/progress notes attached to bills, to substantiate services rendered and as requested by a MedRisk advocate.

On subsequent pages of this document, a Clinical Documentation Appendix outlines the recommended components of each of the above reports according to the American Physical Therapy Association (APTA).

## Billing Management Support

**IMPORTANT INFO FOR  
BILLING MANAGERS**

### Reimbursement

MedRisk's EPO providers must submit all original, completely itemized bills on an acceptable form (HCFA 1500 or UB04) with corresponding documentation, directly to MedRisk. This is required for every MedRisk patient treated at your facility. If notes are not submitted with an itemized bill, the bills may be denied payment by the insurance carrier. The treatment notes must clearly delineate the time spent providing any timed service codes. If the treatment notes do not support the timed treatment codes included in the itemized bill, these bills may be denied payment by the insurance carrier. All claims submitted are to reflect standard treatment rates; however, MedRisk adjusts these amounts based upon your contracted rate structure and may not always correspond directly.

Reimbursement for MedRisk can be found in your MedRisk Preferred Provider Agreement, if you do not have this document, please contact your administrator or MedRisk Provider Relations for a copy of your group's agreement.

### Claim Submission

MedRisk's EPO providers must submit all bills on appropriate, state mandated billing form, typically HCFA or UB. Pennsylvania approved Medicare Part A specialty providers submit bills utilizing the HCFA 1450 form.

Evaluation notes, Progress notes, Daily treatment notes must always be attached to every bill.

Submit billing to:

**MedRisk, Inc.**  
**PO Box 14229**  
**Lexington, KY 40512**  
**Fax: 877-724-7181**

**Do not submit bills directly to the insurance company (payer).** This results in delayed claim processing and violates MedRisk's protocols, jeopardizing your status as an EPO provider in our network. Upon receipt of your bill and supporting notes, MedRisk will prepare an aggregate bill, apply the contracted rate, and submit an invoice to the insurance company or employer.

MedRisk will issue payment within days of receiving payment from the payer or as otherwise required by law or contract. If MedRisk determines a bill cannot be processed, the bill will be returned to the provider. If MedRisk receives a denial for payment from the provider, the bill will be returned to the payer. Providers will receive an explanation with each returned bill.

**Bill Reconsiderations/ Appeals**

MedRisk providers are able to resubmit bills for reconsideration of payment or appeal a denial of payment.

**What should be sent to the Reconsideration/Appeal mailbox?**

- Reconsiderations for payment due to returned bills missing info ( i.e supporting documentation/Notes)
- Reconsideration for payment per partial payment
- Reconsideration for payment per denial received

To prevent delays from occurring, we ask that you do not send new bills MedRisk does not have record of to the Reconsideration /appeal PO Box. Any new bills you need to submit to MedRisk should be sent to PO Box 14229, Lexington, KY 40512 or Fax 877-724-7181.

**RECONSIDERATIONS/APPEALS:**

MedRisk

Payment Reconsideration

PO Box 61571

King of Prussia, PA 19406

Any questions related to claim status can be directed to our Claims department at 866-697-3706 or Email: [claimsinqury@medrisknet.com](mailto:claimsinqury@medrisknet.com)

## Claim Management Products

### Electronic Billing

As a MedRisk EPO provider, all claims for MedRisk cases can be submitted to MedRisk electronically through a designated claim submission partner. By eliminating or limiting paper claims submission, providers realize improved administrative efficiencies, limit denials and resubmissions, and gain access to an electronic record of submission. If you are interested in being able to submit claims electronically, please contact provider relations at **866-697-3707**.

### Electronic Payments

Hand-in-hand with MedRisk's electronic billing is its ability to remit payments to EPO providers through electronic means. Upon MedRisk's receipt of payment from its payers, reimbursement monies for MedRisk's patients can be transferred directly into your bank account or a virtual debit card. This saves time and resources, as there is no need to wait for mail service and allows providers access to funds quickly for improved cash flow. If you are interested in having payments directly deposited into your bank account, please contact provider relations at **866-697-3707**.

## Provider Management Support

IMPORTANT  
INFO FOR  
CLINICIANS

### Clinical Documentation Appendix

This section defines each of MedRisk's services and the associated documentation requirements.

#### Physical Therapy

Physical Therapy is described as those services provided by or under the supervision of a physical therapist to promote the return to function for individuals suffering from neuromusculoskeletal injuries. A course of treatment includes evaluation consisting of tests and measures to formulate an assessment of the patient's current physical status with goals of treatment established. A customized plan of care consisting of a pattern of visits and duration to achieve above stated goals is developed. Re-evaluation to determine effectiveness of treatment and to assess the need for changes to the treatment plan is performed throughout the course of care.

Interventions performed by physical therapists include therapeutic exercise, functional training for personal and work related activities of daily living, manual therapy techniques, prescription, application, and modification of orthotic, prosthetic, assistive devices, assistive technology and mobility devices, wound management, airway clearance techniques, electrotherapeutic modalities, physical agents, and mechanical modalities. Coordination, communication, and documentation with other professionals, insurance companies, patients and their families, as well as patient instruction on home exercise programs and recommendations for modification to work and home environments are made, if necessary.

#### Occupational Therapy

Occupational Therapy is described as those skilled services that promote independence of people in their daily lives. Patients with neuromusculoskeletal injuries and/or cognitive, perceptual disorders benefit from Occupational Therapy. A course of treatment includes comprehensive evaluation and assessment of the patient's physical, cognitive and perceptual status with goals of treatment established. Re-evaluation to determine effectiveness of treatment and to assess the need for changes to the treatment plan is performed throughout the course of care.

Customized treatment programs that are designed to restore a patient's independence include, but are not limited to, therapeutic exercise, prescription, application, modification of orthotic, assistive and adaptive devices, assistive technology, wound management, and perceptual and cognitive therapeutic techniques. Coordination, communication, and documentation with other professionals, insurance companies, patients and their families, as well as patient instruction on home exercise programs and recommendations for modification to work and home environment are made, if necessary.

### **Aquatic Therapy**

#### **Professional Standards**

MedRisk acknowledges the empirical evidence supporting the practice of physical and occupational therapy in an aquatic environment to treat patients with musculoskeletal injuries.

#### **MedRisk's Program Requirements**

- MedRisk EPO providers must be credentialed through MedRisk in order to provide aquatic therapy services to MedRisk patients.
- Similar to land based therapy, aquatic therapy treatments should demonstrate an appropriate progression of exercise intensity utilizing various aquatic equipment with the goal of improved capabilities on land
- Services should be delivered on-site using an aquatic pool or tank (e.g., SwimEx, Aqua Ark, etc.) or off-site at a local YMCA. Please note: Hubbard tanks and whirlpools are NOT considered Aquatic Therapy.
- A licensed, registered physical therapist, occupational therapist or therapy assistant must provide direct supervision of the patient during the aquatic therapy.
- If combined with a land program, aquatic therapy must be scheduled on a separate day to be recognized as being separate and apart from the physical/occupational therapy program for a given day (see Billing and Reimbursement below).
- Aquatic physical therapy should be used only when the fluid dynamics offer benefits that cannot be provided on land and the clinician's documentation needs to support the clinical rationale.

## **Wound Care**

### **Professional Standards**

MedRisk considers wound care a passive modality applied by a licensed physical or occupational therapist for the goal of aiding in wound closure and healing for the purposes of 1) cleaning the wound, 2) promoting coverage of the dermal defect, 3) debriding devitalized tissue and 4) Restore function to the tissue and surrounding structures.

The restoration of function is the goal accomplished through a formal PT/OT program consisting of patient education and structured therapeutic activities.

## **Work Hardening and Work Conditioning Program**

Work Hardening is defined as multi-disciplinary in nature; utilizes real or simulated work activities; and is conducted five days per week, up to eight hours per day for a period of eight weeks. Work Conditioning is single disciplinary; utilizes physical conditioning and functional activities related to work; and is conducted five days per week, up to four hours per day for a total of eight weeks.

In many states in which MedRisk conducts business, payers will not reimburse for multi-disciplinary Work Hardening programs nor will they support therapy rendered on a five-day per week basis. Therefore, MedRisk has altered its program guidelines to assure quality care of the patient while remaining sensitive to the challenge EPO providers face when treating under a limited reimbursement arrangement.

## **MedRisk's Program Requirements**

- Providers must be credentialed through MedRisk to receive referrals to provide Work Hardening/Conditioning services. Those services must be provided at least three days per week, beginning with a minimum of two hours of physical rehabilitation programming progressing to a maximum of four hours per day. The total program period should not exceed eight weeks.
- The program must consist of real or work-simulated tasks based on a subjective or an actual job description provided by the patient or patient's employer. The program should focus on the specific functional tasks the injured worker is unable to safely



perform due to his or her injury. The total time spent on the general physical reconditioning portion of the program should not exceed 30 minutes of treatment per date of service. The remainder of the time spent in the treatment program should focus on real work or work simulation tasks.

- MedRisk does not consider Work Hardening appropriate for sedentary occupations unless it can be documented the patient's diagnosis and functional deficits directly impact his/her ability to perform essential job functions.
- MedRisk will not approve Work Hardening if a patient is currently working full duty.
- Work Hardening will not be authorized in conjunction with any other treatment program. In order to receive authorization for a Work Hardening program, the patient must be discharged from all physical therapy services and pool programs (a Request for Treatment Change form must be filled out by the EPO provider and sent to MedRisk with a physician's prescription/referral requesting the service).

### **Functional Capacity Assessment/Evaluation Professional Standards**

The purpose of a Functional Capacity Evaluation (FCE) is to obtain objective measurements of a patient's safe functional abilities compared to the physical demands of the patient's work. Standardized testing protocols must be followed so that consistency in evaluation tests and measures can be validated.

### **MedRisk's Program Requirements**


- All EPO providers must be credentialed to perform Functional Capacity Evaluations for MedRisk's patients; guidelines encourage providers to utilize an industry-recognized method of testing (e.g., ARCON, KEY, Matheson, Blankenship, Workwell, etc.). If a provider chooses to utilize another method of testing, a sample copy of the assessment measures and report must be submitted and approved by a member of MedRisk's Credentialing Committee. The measures and report must comply with the standards defined by the APTA.
- All Functional Capacity Assessments must include results of such functional, work-related activities as balancing, carrying, dynamic lifting, climbing, handling, kneeling, pushing, pulling, sitting, standing, walking, and reaching. The summary report must define the physical demand level of performance and relate the patient's current performance to the patient's current job activities. In addition, the examiner should include recommendations related to return to work including suggestions for job modifications or work place modifications.

When MedRisk receives a referral for a FCE, a confirmatory email is sent to the adjuster and NCM. The email confirms receipt and requests the job description, the FCE Request form to be completed and the prescription.

Once all information is received from payer, MedRisk coordinate referral with provider. Medrisk does not coordinate referral without first confirming patient availability. Once scheduled MedRisk will forward all appropriate documentation related to the referral including the FCE request form. These documents should be given to the physical therapist that performs the test so that they have the ability to customize the FCE report based on the rehabilitations needs.

Additionally, to ensure patient attends appointment MedRisk sends an email and/or text message to the patient and to the adjustor and nurse case manager regarding the scheduled appointment date. A reminder text is also sent to the patient 48 hours prior to the scheduled appointment date.

**Email / Fax Referral Form  
for Functional Capacity Evaluations**



Please share with us the purpose for a Functional Capacity Test. We have identified key components that will be included in the test depending upon purpose. If additional information is necessary please let us know so that we can communicate appropriately to the treating provider.  
Please email to: [medriskreferrals@medrisknet.com](mailto:medriskreferrals@medrisknet.com) or fax to 877-455-4440.

**Submission Information:**

Patient Name:	Claim Number:
Patient Address:	Employer:
Patient City/State/Zip:	Job Function:
Patient Contact Phone:	Date of Injury:
Patient DOB:	Diagnosis/Body Part(s):
Referring Physician:	Referring Physician Phone:
Adjuster/NCM:	Adjuster/NCM Contact Phone:

☐ **Work Related Injury** – Appropriate to determine injured worker's physical demand capacity for safe/successful return to pre-injury job function; paid through a workers' compensation claim.

- Identify employee's safe, permissible tasks including lifting, bending, reaching, gripping and other general physical demands based on his/her job function. Includes documentation of specific tests completed and corresponding functional findings.
- Identify employee's consistency of effort; did he/she demonstrate any self-limiting behaviors throughout the test?
- Identify if employee can safely perform the essential demands of his/her job.
- Identify employee Return to Work Capability (Can he/she return to work? If so at what capacity: Full Duty or Modified Duty; if modified duty, what are the recommendations? What are his/her limitations relative to their essential job tasks? Can the employee return to work full or part time?)
- Outline any contributing factors (co-morbidities) impacting the employee's capabilities.

☐ **Disability Determination** – Appropriate for individuals that have been on STD for a prolonged period of time; paid through a disability claim, NOT a workers' compensation claim.

- Evaluate and quantify the individual's physical and functional capabilities to determine his/her capability to perform his/her occupation for a period of eight hours. Evaluate and quantify the individual's physical and functional capabilities, to determine if he/she is able to perform any occupation for a period of eight hours.
- Identify if individual's disability or impairment prevents him or her from performing certain tasks such as lifting, pulling, holding objects, etc.
- Provide objective rationale, if individual is unable to perform specific task for a period of eight hours.
- Identify individual's consistency of effort; did he/she demonstrate any self-limiting behaviors throughout the test?
- Outline any contributing factors (co-morbidities) impacting individual's capabilities.

☐ **Pre/Post Employment Screening** – Appropriate for new or conditional new employee to ensure they meet the physical demands requirements associated with their job function; paid directly by employer NOT related to a workers' compensation claim.

- Identify worker's safe, permissible lifting abilities and general physical demand levels that are requirements based on the attached Job Description, including documentation of specific tests completed and corresponding functional findings.
- Provide objective rationale if individual is unable to perform specific task for a period of eight hours.

**Additional/Special Request:**

Please attach this form to an email and send to: [medriskreferrals@medrisknet.com](mailto:medriskreferrals@medrisknet.com) or fax to 877-455-4440. If you have any questions call 800-225-9675. Thank you!

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### **Evaluation of Post-Surgical Patients**

- Certain payer policies may determine whether a post-surgical initial evaluation is required versus a re-evaluation of an established patient. MedRisk may suggest a re-evaluation procedural code for those payers in order to ensure appropriate payment of a patient's treatment and plan of care.
- If a provider disagrees with the re-evaluation code or the denial of payment for an initial evaluation procedural code, the provider may request an appeal of the payment of service.

### **Recommended Documentation Process**

Concise and thorough documentation corresponding to the bills submitted to MedRisk speeds the processing of claims. This means claim payments come back to the provider more quickly. The American Physical Therapy Association (APTA) has outlined general guidelines for documenting physical therapy interventions and services provided per episode of care. MedRisk has adopted these guidelines and considers them the minimal acceptable standards to be used by providers when submitting bills to MedRisk for treatment of network patients.

MedRisk is committed to ensuring that injured workers receive high quality, cost-effective rehabilitative care. Essential information, including demographics, patient evaluation findings, clinical assessment and daily treatment notes, progress notes, re-evaluation recommendations, and discharge summaries enable MedRisk to develop a medical record for each patient. This record is used primarily as a tool for ongoing analysis of the appropriateness of treatment. MedRisk also encourages the identification of the injured worker's specific functional deficits which the patient is unable to perform safely and the development of a treatment plan focused on those job demands most impacted by the patient's injury.

Incomplete or flawed documentation triggers billing inquiries which often delay provider reimbursements. Providers can avoid these delays by becoming familiar with the APTA documentation guidelines and making sure all documentation is accurate and complete and is submitted to MedRisk in a timely manner.

For more information regarding guidelines for physical therapy and occupational therapy documentation, contact the APTA or Provider Relations.

### General Guidelines- All Documentation

All documentation related to the treatment of MedRisk patients must contain the following identifying information.

- The patient's full name and identification number, if applicable (identification number may be either the patient's social security number or their workers' compensation claim number.)
- Date and signature of the provider indicating the provider's full name and appropriate designation (e.g., PT/OT, PTA/COTA), and in some states the provider's license and/or NPI may be required by law. "Signature on file" may result in bill denial as the provider of service cannot be determined.
- 

Documentation by students (SPT/SOT, SPTA/SOTA) or graduates (GPT/OT, GPTA/OTA) shall be consigned at all times by a licensed physical/occupational

### Initial Evaluation

An **initial evaluation** must be submitted before initiating the treatment plan of care for physical and/or occupational therapy. The elements of the evaluation should include, but are not limited to the following:

#### *Subjective Portion:*

- History of the patient, the presenting problem, date of onset, current complaints, and precautions
- Pertinent diagnoses and medical history
- Demographic characteristics, including pertinent psychological, social, and environmental factors
- Prior or concurrent services related to the current episode of physical/occupational therapy care
- Co-morbidities that may affect goals and treatment plan
- Statement of patient's knowledge of problem
- Goals of patient and family members, or significant others
- Statement of the patient's work status
- Description of the work the patient performed prior to injury
- Statement of the patient's intent to return to work

*Objective Portion:* All test results and measures used to determine the patient's status should be included. Tests and measures are objective and reproducible procedures conducted using standardized methods and written in quantifiable terms. Choose reliable and valid tests and measures to measure and to chart the patient's progression through the course of

therapy/treatment. This is a partial list of common tests and measures. Please feel free to include specific tests and measures used in your facility. It is important to correlate the objective impairments identified to specific functional tasks the injured worker is unable to perform for safe return to work and to update these specific functional deficits during re-evaluations and progress reports in order for other workers compensation stakeholders (i.e. referring physician, claims adjustors, nurse case managers, etc.) to be able to make informed decisions regarding an injured worker's progress and ability to safely return to work.

- Range of Motion
- Strength
- Sensation, coordination
- Edema
- Posture
- Gait
- Self-care and home management status
- Community and work integration/reintegration

*Assessment Portion:* Information which summarizes the findings of the initial evaluation to date and gives a therapy diagnosis of the problem identified should be included.

- The patient's therapy diagnosis (a label encompassing a cluster of signs and symptoms, syndromes, or categories that elicits the information obtained from the examination) and prognosis.
- A listing of short and long-term goals (recommend including the potential for achieving goals). Goals are stated in measurable terms, linked to problems identified in the examination and correlated to functional disabilities specifically related to the patient's occupation. It is recommended therapists use the same tests and measures in charting progress throughout the course of treatment. As a patient achieves a goal, new goals can be written and followed throughout the course of treatment.
- It is recommended patient and family members or significant other(s) be included in established goals.
- It is recommended the patient's return-to-work status be addressed when working with an injured worker. If the status is unknown, a statement as such is preferable to no statement.

*Plan Portion:* Information which identifies the frequency and duration of visits as well as specific interventions to be used throughout care should be included.

- Include frequency and duration to achieve the stated goals
- Address the types of interventions to be used to achieve the stated goals
- Recommend including a home exercise program as part of every plan of care

- Include a plan to address patient and caregiver/family educational goals
- Document plan of appropriate collaboration and coordination of care with other professional services
- Signature and appropriate designation of clinician providing the services is required

### **Treatment Notes**

MedRisk requires treatment notes be submitted with bills for services rendered to substantiate date of service. These notes as well as results of evaluations/re-evaluations will be reviewed during MedRisk's Internal Utilization Review process. Documentation is required for each patient visit/encounter. A signature is required for every note by the physical/occupational therapist or the physical/occupational therapist assistant providing the service under the supervision of the physical/occupational therapist. Examples include (in any combination):

- Checklist of interventions performed
- Flow sheet of interventions performed
- Exercise Graph of interventions performed
- Narrative Documentation of interventions performed

It is important to note that the specific service being provided (i.e. physical therapy vs. chiro) will determine the frequency of progress notes that are required for bill processing.

The treatment notes should reflect appropriate progression and treatment parameters based on best practice patterns and evidenced based medicine.

Regardless of the format used to document treatment of a patient, the following elements should be included to accurately describe the services/interventions rendered.

- Subjective status of patient
- Identification of specific interventions and length of time the treatment was provided specifically when a provider is billing timed procedural codes (e.g., therapeutic exercise for 45 minutes)
- Equipment provided (if any)
- Changes in objective measures from previous notes
- Tests and measures performed
- Patient reactions to treatment
- Instruction on home exercise program
- Assessment of the patient's functional progression or regression, at least weekly
- Communication/consultation with providers/patient/family/significant other

- Review and update of the patient's plan of care (highlight the changes made in the plan of care and why changes are being made)
- Signature and appropriate designation of either a physical/occupational therapist or a physical/occupational therapist assistant

MedRisk encourages providers to provide thorough documentation related to any timed procedural code in accordance with both American Medical Association and Medicare Guidelines related to billing for services. While each payer establishes and applies their own bill review edits according to state mandated requirements, providers should document the specific time applied to each timed procedural code in order to minimize the possibility of denial of payment due to bill review edits.

### **Re-Evaluations**

Although some state organizations provide specific guidelines indicating minimum required documentation standards, MedRisk requires re-evaluations be performed every four to six weeks. Re-evaluations determine the present status of the patient as well as how the patient's status has changed between the time of the initial evaluation or most recent re-evaluation and the present re-evaluation. Changes in objective measures, functional abilities and inabilities, as well as comments on how the patient is progressing or not progressing towards his or her treatment goals are required. Updating treatment goals and the plan of care is also required. Thorough re-evaluation reports clearly document the skilled therapy interventions provided and should justify the continued need for these interventions.

The elements included in the re-evaluation should include, but are not limited to, the following:

- Subjective status of the patient
- Identification of specific interventions provided and the amount of time they were provided specifically when a provider is billing timed procedural codes (e.g., therapeutic exercise for 45 minutes)
- Equipment provided (if any)
- Changes in objective and measurable findings as they relate to existing goals and the patient's functional abilities or inabilities
- Summary of patient education and adherence by the patient
- Assessment of the patient's functional status (e.g. patient is progressing or regressing)
- Interpretation of objective findings correlated to specific functional abilities or inabilities and, when indicated, a revision of treatment goals
- A revision of the treatment plan directly correlated to the documented goals, especially highlighting the injured worker's return-to-work status if known or not known
- Signature and appropriate designation of the physical/occupational therapist



## Discharge Summary

MedRisk requires a completed discharge summary for all patients treating in an EPO provider's facility following the conclusion of an episode of care. The elements included in the discharge summary should include, but are not limited to, the following:

- Reason for discontinuation of service.
  - Examples include:
    - Satisfactory goal achievement
    - Patient declines to continue care
    - Patient is unable to continue to work toward goals due to medical or psychosocial complications
- Current physical/functional status including return-to-work status or projected capability (when the return-to-work status is unknown, the treating therapist should include this determination in the documentation)
- Degree of goal achievement and reasons for goals not being achieved (if applicable)
- Discharge plans which include written and oral communication notes related to the patient's continuing care.
  - Examples include:
    - Home program
    - Referrals for additional services
    - Recommendations for follow-up physical/occupational therapy care
    - Home exercise program, purpose of home exercise (e.g., to maintain present status, continue strengthening, etc.)
    - Family and caregiver training
    - Equipment provided (if any)
    - Signature and appropriate designation of the physical/occupational therapist



## MedRisk Telerehabilitation

In 2017 MedRisk launched its telerehabilitation program in an effort to improve access to physical therapy services and offer a convenient alternative for those patients who are clinically appropriate for remote care. MedRisk leverages a dynamic library of instructional videos and “store-and-forward” materials to support patient education and improve satisfaction; advanced HIPAA-compliant technology that instantly connects a US-based MedRisk clinician and the patient for evaluation and coaching; and remote patient monitoring for guided home exercises that captures and summarizes clinical data on performance, progress, and compliance to maximize care management.

MedRisk’s telerehabilitation program:

- Increases access to quality care in remote areas
- Encourages home-exercise compliance
- Reduces patient transportation challenges
- Payer-approved and HIPAA technology platforms

Telerehabilitation visits are performed by MedRisk-employed physical therapists that have undergone extensive training in the delivery of remote care. The program is limited to those injured workers who express interest in remote care and are deemed clinically appropriate for the program. EPO providers will be notified of those patients who have expressed interest in the program and are expected to transition to telerehabilitation.

## Credentialing Process

IMPORTANT  
INFO FOR OFFICE  
MANAGERS

MedRisk has established criteria by which providers will be evaluated for the purpose of determining their ability to participate in our specialty ancillary provider network for a specific service and receive referrals. Any provider who needs to add or remove a service from their agreement should contact our Provider Relations department at 866-697-3707 or email [providerrelations@medrisknet.com](mailto:providerrelations@medrisknet.com). A Provider Specialist will be able to assist you in making changes to your agreement.

## Provider Facility/Staff Changes

All updates regarding provider's facility and staff can be submitted to our Provider Relations department. Please send an email to [providerrelations@medrisknet.com](mailto:providerrelations@medrisknet.com) or call 866-697-3707

## Provider Complaint, Grievance & Appeal Process

Any provider participating in the MedRisk Network may file a written complaint, grievance or appeal with MedRisk at any time. The message may be mailed to the following address:

MedRisk, Inc.  
2701 Renaissance Blvd.  
King of Prussia, PA 19406  
Attention: Provider Relations Department

The message may also be emailed to [ProviderRelations@medrisknet.com](mailto:ProviderRelations@medrisknet.com) or to the Director of Provider Relations or any other member of the MedRisk Provider Relations Department.

In order to expedite MedRisk's response, the complaint should include the following information:

- Complainant's name and contact information, including physical office address, email address and telephone number.
- Statement of complaint, concern or problem, in sufficient detail so that the appropriate MedRisk resources are involved in responding. Issues relating to payment, contract terms, or MedRisk/insurer/employer behavior, for example, should be specifically noted, along with relevant claim numbers and time periods.
- Request for action or relief, if the complainant has a preferred resolution to the issue.


Within three business days of receipt of the message, a MedRisk team member will telephone the complainant to obtain any additional necessary information or clarification. If we fail to reach the complainant, we will leave a toll-free callback telephone number.

MedRisk will respond to the complaint within two weeks of receiving all needed information. If full resolution requires more time due to the complexity of the issue, MedRisk will inform the complainant of progress toward resolution.

## Incident Report Form

MedRisk does require providers to use a Provider Incident report when appropriate.

This form is only to be used in the event a MedRisk patient claims to have been injured while treating at your facility. This form must be completed by the treating therapist and sent via fax to the Provider Relations department at 855-666-4410. Upon receipt of the form, a Provider Relations representative will contact the therapist to review and verify the information on the form.

 <b>Provider Incident Report</b>	
<b>EXPERT PROVIDER ORGANIZATION</b>	
Patient name: _____	Social Security number: _____
Treating facility: _____	Treating therapist: _____
Date and time of incident: _____	
Person supervising patient at time of incident: _____	
Did the patient require immediate medical attention (e.g. transport via ambulance or direct referral to doctor's office)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you perform additional treatment on the patient following the incident (same day)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of treatment rendered: _____	
Did you perform additional treatment on the patient on subsequent days following the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of treatment rendered: _____	
Did you follow up with the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how soon after the incident did you follow up? <input type="checkbox"/> 24 hours <input type="checkbox"/> 48 hours <input type="checkbox"/> less than 72 hours	
Please provide detail of the incident. (Use back of this form if necessary.) _____ _____ _____ _____ _____	
<b>To be filled out by MedRisk personnel</b> Completed by: _____ Date: _____ Date MedRisk notified: _____ Date client notified: _____ Date individual notified: _____ <input type="checkbox"/> Copy sent to the Adjuster or Nurse Case Manager <input type="checkbox"/> Copy in provider file Additional action required by MedRisk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what action is required? _____ _____	
Upon completion of this form, please forward to MedRisk via fax at 610-768-5242. Thank you.	

**IMPORTANT  
INFORMATION****Frequently Asked Questions****Q How do we identify a MedRisk claim?**

**A** MedRisk's patients do not carry cards identifying them as MedRisk patients. In fact, most patients are not aware their insurance carrier accesses MedRisk's network because MedRisk works directly with workers' compensation insurance carriers, employers, or third-party administrators (TPAs). Once you have identified the employer or payer, you can reference MedRisk's Client List or contact MedRisk's Provider Relations group to make a determination.

**Q How do we obtain MedRisk's Client List?**

**A** MedRisk's Client Lists are forwarded to all EPO provider locations at least quarterly. Or, you may request a current list by contacting a member of MedRisk's Provider Relations Department at 866-697-3707.

**Q How do we obtain verification of a workers' compensation claim?**

**A** MedRisk obtains necessary verification from payer clients. This verification acknowledges a claim has been reported, that it is work related. Additionally MedRisk will provide authorized number of visits at the onset of treatment. It is the provider responsibility to submit request for additional visits beyond those communicated by MedRisk, and the payer has knowledge of the initial therapy/treatment. Payments are made in accordance with your individual EPO Provider Agreement.

**Q Does the MedRisk agreement affect a patient's treatment?**

**MedRisk EPO providers** contractually agree to treat MedRisk's patients who are authorized for care until discharge by their physician or achievement of maximum medical improvement with physical rehabilitation services determined by the physical rehabilitation healthcare provider. If the physical rehabilitation healthcare provider has identified barriers to the patient's progress or is concerned about the patient's progress, the treating clinician should speak with the referring physician and notify MedRisk Advocates Team.

A licensed therapist may suggest the discharge of a patient for any one of the following reasons:

- Completion of the program and achievement of established goals
- Return-to-work notification
- Patient plateau in the progress towards established goals or level of function
- Patient non-compliance with treatment plan or attendance at therapy appointments

**Q How does treatment authorization from a Nurse Case Manager affect our reimbursement?**

**A** Payers sometimes outsource various responsibilities associated with claims or clinical management. Nurse Case Managers are assigned to manage the clinical aspect of the patient's care and may require treatments be scheduled only upon their authorization. MedRisk Advocate Team manages their request for clinical status reports throughout the course of the patient's care with providers. In any and all cases, MedRisk's EPO providers are reimbursed in accordance with the terms of the MedRisk Provider Agreement. Should you receive treatment authorization from a source other than MedRisk, our Advocate team should be contacted immediately.